



Application for Investigation of Representation Dispute

Date: _____

TO THE NATIONAL MEDIATION BOARD, Washington, D. C. 20572: A dispute has arisen among the employees of:

Name of Carrier:		Address:	
Contact:		City, State, Zip Code:	
Telephone Number:		Fax Number:	

as to who is the representative of these employees designated and authorized in accordance with the requirements of the Railway Labor Act. The undersigned, one of the parties to the dispute, hereby requests the National Mediation Board to investigate this dispute, and to certify the name or names of the individuals or organizations authorized to represent the employees involved in accordance with section 2, Ninth, of the Act.

PARTIES TO DISPUTE

Petitioning organization or representative:	
Organization holding existing agreement, if any:	Date:
Other organization or representatives involved in dispute:	

CRAFT OR CLASS of Employees Involved – (If more than one craft or class, list separately)

	Craft or Class	Number of Employees
1.		
2.		
3.		
4.		
5.		
6.		

EVIDENCE OF REPRESENTATION – this application is supported by (check applicable box):

<input type="checkbox"/>	At least a majority, if the employees are represented and there is a valid collective bargaining agreement.
<input type="checkbox"/>	At least 35%, if the employees are unrepresented.

Name and Signature:			
Title:			
Address:		Telephone:	
City, State, Zip Code:		Fax:	

Instructions: Continue to page 2.

Revised October 31, 2002

Form Number Replaced: This form was previously NMB - 3



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APPLICANT NOTICE OF APPEARANCE

The _____ hereby enters the following names, addresses,
(Applicant Organization)
phone numbers, fax numbers, and email addresses for the individual(s) designated as the representative(s)
of _____ in connection with the Application for
(Applicant Organization)
Representation Dispute:

Name & Title:		Telephone:	
Address:		Fax:	
City, State, Zip Code		Email:	

Name & Title:		Telephone:	
Address:		Fax:	
City, State, Zip Code		Email:	

Name & Title:		Telephone:	
Address:		Fax:	
City, State, Zip Code		Email:	

Filing Instructions: File this application in duplicate.

Additional Sheets: Use and attach additional sheets as needed.

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